

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33900

State File No. _____
4324
Registrar's No. _____

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1008 Cleveland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mae Page

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Hugh S. Page 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec 25 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 9 14 br. min.

9. Birthplace Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

12. Name John Haynes
13. Birthplace Pa.
(City, town, or county) (State or foreign country)
14. Maiden name Louisa Koontz
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Grace Page
(b) Address 1008 Cleveland

17. (a) Burial (b) Date thereof Oct 11 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cem.

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address 918 Brooklyn

19. (a) 10-11-43 (b) D. C. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1008 Cleveland
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 9
year 1943 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from 19 to 19

that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease Duration _____

Due to _____

Due to 93d

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Projetant history

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While on duty (Specify type of place) (e) Means of injury _____

23. Signature Patent 10/11/43
Address _____ Date _____

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed R. W. Runnels
Licensed Embalmer No. 3860
P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.